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HEALTH CARE FACILITY

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESFINISHED, UNFINISHED
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SEQUATCHIE			STREET ADDRESS, CITY, STATE, ZIP CODE 380 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the smoke and the fire barriers as required.</p> <p>The findings Included:</p> <p>On 4/12/10 at 11:00 AM observation above the 200 hall smoke/fire wall revealed, there was a penetration around a raceway conduit over the fire doors. National Fire Protection Association 101, 19.3.7.5.</p> <p>The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview on 4/12/10.</p>	K 025	<p>1. The penetration around the raceway conduit over the 200 hall smoke/fire wall has been sealed with fire caulk which is rated for 4 hours and UL Listed and FM approved by Maintenance Supervisor.</p> <p>2. All raceway conduits have been inspected by Maintenance Supervisor for any penetrations.</p> <p>3. Regular inspections will be conducted by Maintenance Supervisor monthly.</p> <p>4. Maintenance supervisor will keep records of inspections and report to the Administrator.</p>	5/15/10
K 062	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SEQUATCHIE			STREET ADDRESS, CITY, STATE, ZIP CODE 360 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined the facility failed to maintain the electrical system as required. The findings included: On 4/12/10 at 10:15 AM observation within resident room 713 revealed the closet sprinkler head was blocked with stored items (18" rule) National Fire Protection Association (NFPA) 13.5.5.6. The finding was verified by the Director of Maintenance and later acknowledged by the Administrator during the exit on 4/12/10.	K 062	1. The closet sprinkler head in room 713 is no longer blocked with stored items. 2. All closet sprinklers have been inspected by Maintenance Supervisor to assure there is nothing within 18 inches of the sprinkler. Notice has been placed in each closet stating "No items within 16 inches of sprinkler." 3. Regular inspections will be conducted by Maintenance Supervisor monthly.		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined the facility failed to maintain the electrical system as required. The findings included: On 4/12/10 at 9:30 AM observation within resident room 601 revealed the use of a multiple plug adapter. National Fire Protection Association (NFPA) 70, 240.4. The finding was verified by the Director of	K 147	4. Maintenance supervisor will keep records of inspections and report to Administrator.	5/15/10	

From:

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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SEQUATCHIE			STREET ADDRESS, CITY, STATE, ZIP CODE 380 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	Continued From page 2 Maintenance and later acknowledged by the Administrator during the exit on 4/12/10.	K 147	<p>1. Room 601 no longer has a multiplug adapter.</p> <p>2. All rooms have been inspected by the Maintenance Supervisor to assure they have no multiplug adapters.</p> <p>3. Regular inspections will be conducted by Maintenance Supervisor monthly.</p> <p>4. Maintenance supervisor will keep records of inspections and report to Administrator.</p>	5/15/10	